



**Grace Prep High School
Student Outing / Field Trip
Permission Form**

Dear Parent / Guardian,

Your signature on this note gives _____ the privilege of joining his/her classmates on a school field trip to:

_____ on ____ / ____ / ____.
(Destination of Trip)

The trip will leave Grace Prep at ____: ____ (a.m. / p.m.) and return at approximately ____: ____ (a.m. / p.m.). Adult supervision will be provided.

Transportation will be by: school bus / van / car.

Your signature must appear below in order for your child to be able to take advantage of the educational opportunity that this trip will provide. Your encouragement in proper conduct would be appreciated.

Parent/Guardian Signature _____ Date ____ / ____ / ____.

Please return this permission slip to _____ before ____ / ____ / ____.
(Teacher / Staff)

AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant to Pennsylvania Civil Code, The undersigned do hereby authorize Grace Prep High School principal or such teacher/substitute as he/she may designate as agent for the undersigned to consent to X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for _____ which is deemed advisable by and to be rendered under general or special supervision or physician and surgeon licensed under the Provision of Medicine Practice Act or any Dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

The authorization will remain effective while the above minor is en route to or from or involved in participating in the event listed above, unless revoked in writing by the undersigned and delivered to the aforementioned Teacher / Agent.

Parent/Guardian Signature _____ Date ____ / ____ / ____.